ART Initiation and Retention in care: what works for men?

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Filling the Gaps in Best Practices and Innovations for HIV Programming:

Theme 2: Reaching High Risk Men with HV Prevention, Testing and Treatment Services

16-18 May 2018, Southern Sun, Pretoria

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Background

Khayelitsha, Western Cape: Male Services

- Peri-urban township of ~500,000 people outside Cape Town
- MSF supporting City of Cape Town and Provincial Dept. of Health since 1999
- High levels of young male violence
- Males less likely to be aware of HIV status
- Men more likely to disengage from HIV care [1]
- Male-Specific Services: 2 Stand-alone clinics (with STI service); after-hours service in HIV/TB clinic.

1. Kaplan et al Contemporary disengagement from ART in Khayelitsha PLoS Med 14(11): e1002407

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Male After Hours Clinic (MAHC) @ Ubuntu

Weekly 16h00-20h00

Avg # patients/mo
109

Services
STI screening
HIV testing
Point-of-care CD4
ART start
Clubs
Quick Pick-Up
Erectile Dysfunction

Staff: All male
- 2 NIMART nurses
- 2 counselors
- 1 admin
- 1 data capturer
- Prevention
- Treatment
- Literacy Advocate
- Health promoter

Day Male Clinics

Monday-Friday 8h00-16h00

Avg # patients/mo
615

Services
STI screening
HIV Testing
Point-of-care CD4
ART start
Clubs
Quick Pick-Up
Erectile Dysfunction

Staff: All male
2 NIMART nurses
2 counselors
1 admin
- Prevention
Treatment
Literacy Advocat
- Health promote

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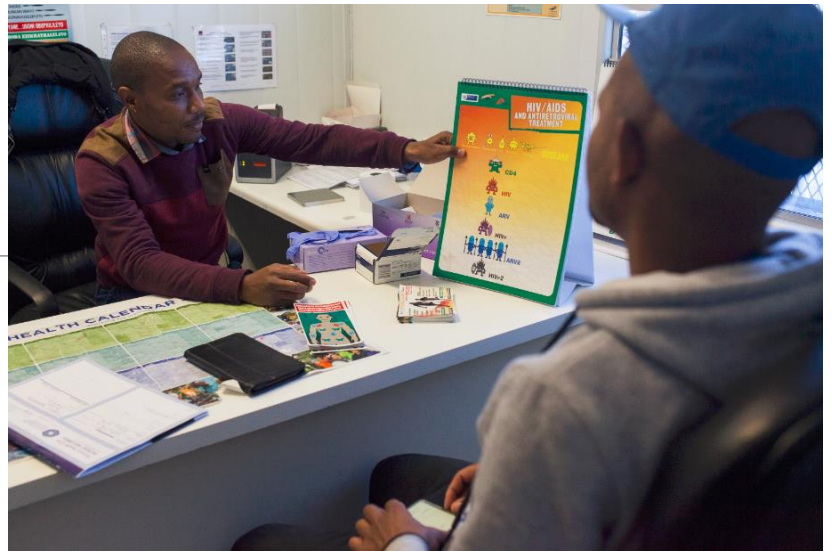
Data Methods

- **Use of routine records*, patients attending June 2014-March 2018**
- Compare patient characteristics between:
  - 2 Male services (MAHC and Day Clinics)
  - Day clinics and males initiating ART at other city-run ART clinics in Khayelitsha

*city clinics – Prehmis; provincial clinics - PHCIS



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Key Results

	2x Day Clinic (Kuyasa, Site B) (8 hr/day)	After Hours Clinic (3 hours/week)	General Clinic
% visits STIs	39%	16%	-
% HCT positive	3.3%	4.3%	-
CD4 Count @ ART initiation	384	330	288
Avg. Age at initiation	31.8	34	35.7

- Compared with the MAHC, the day clinic has a larger proportion of men attending for STIs (39% vs 16%) and a lower positivity rate (3.3% vs 4.3%). MAHC attracts older men.

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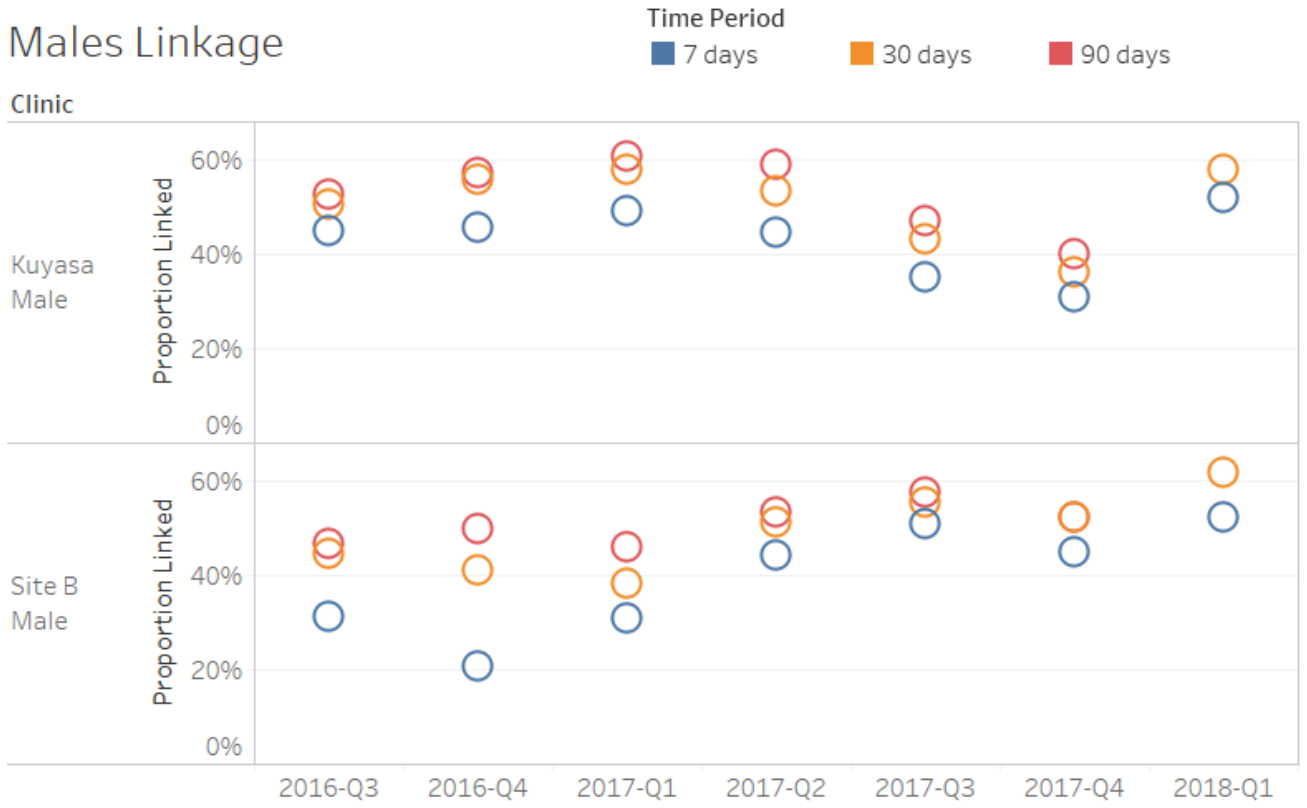
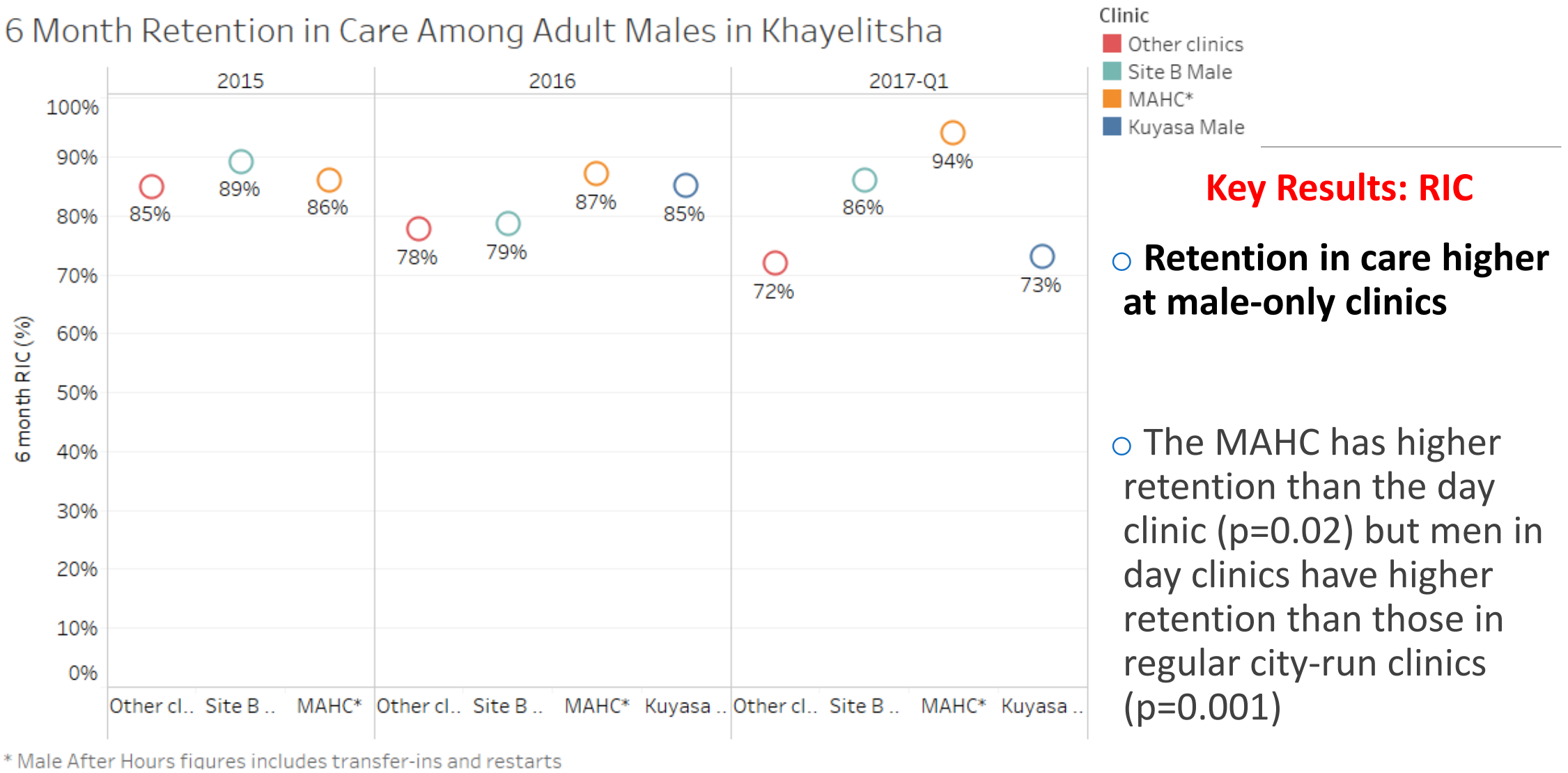
Key Results: Linkage



- Linkage rates are similar across Day Clinics, with a trend toward a higher proportion of linked men starting treatment within 7 days, as expected with expanding guidelines
- Will begin tracking same-day initiation and RIC of this cohort from Q2



* Male After Hours figures includes transfer-ins and restarts

Key Results: RIC

- **Retention in care higher at male-only clinics**

- The MAHC has higher retention than the day clinic (p=0.02) but men in day clinics have higher retention than those in regular city-run clinics (p=0.001)

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Lessons learned: Differentiated models

- A "**Quick Pick-up" (Q-PUP) model has proven more popular** with men than clubs at all three facilities
- 52 men currently retained in Q-PUP care across three sites.

CLUB	QUICK PICK-UP
Counselor-led	Counselor-led
Drugs pre-packed, collected from counselor every 2 months	Drugs pre-packed, collected from counselor every 2 months
Includes counselor-run support session	Individual picks up drugs during scheduled time window, but no session
Clinical visits incorporated into clubs	Can now schedule bloods and clinical visits to coincide with QPUP date

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Lessons Learned: Patient feedback

Questionnaire survey: MAHC October 2017

"The clinic is great but it would be nicer if it can be done in proper clinic structure because this place gets cold in winter…and have the clinic two time[s] in a week."

"Thank you for providing the after hours clinic. Now I do not have to choose between going to work and coming to the clinic."

"What I like the most about being assisted by males in this clinic is that they treat us with respect and kindness, they do not make me feel guilty for an STI or being HIV+."

"They should increase day[s of MAHC] to Mon-Friday at least."

"I wish the clinic can add more nurses…at time[s] the clinic gets too full and we get served after a… period of waiting."

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Next Steps: Costing

	Increasing Costs		
Services	**Light**	**Medium**	**High**
Opening Hours	Standard hours	Before/ After hours	Before/ After hours, weekend, community outreach
Additonal Salary costs	No additional costs	Before/ after hours	After hours and weekends
Staff	Male staff where feasible	Male nurse/ counsleor	All male staff
Service Site	Within HIV clinics	Male only dedicated clinic space/ hours	Dedicated male only site
Clinical Services	Same day ART Rapid access	Same day ART Rapid access STIs	Same day ART Rapid access STIs NCDs Erectile dysfunction

- Hypothesis: Provision of male services can be cost-neutral, as long as it adapts to existing resources
- Schedules of staff working after-hours could be modified if it helps avoid overtime and additional salary costs
- Cost effectiveness analysis required to optimise cost savings
- Challenge: Difficult to get cost estimates from partners

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Conclusions

- **STI care** a common reason for males to enter care→ offers opportunity for HIV testing
- Offer **multiple services in convenient locations** to attract men
- **Quick Pick-up** a popular model of care for males
- Integrate male services into existing clinics with existing staff to limit additional costs: male sections, **extended hours** (where possible), Q-PUP
- All clinics should foster a mindset toward a **"male-friendly approach"**— male service days, male staff— and strive to offer clients respect and quality service

Thanks to:

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Significant Points

- In Khayelitsha, **male-targeted sexual health services, particularly STI care, can improve earlier diagnosis and engagement in HIV care,** including for men who do not typically visit standard clinics. Employing male staff also fosters a sense of trust between men and health facilities.
- **Quick Pick-up** of ART prescriptions is a model of care that can appeal to men, and should be offered by facilities as a differentiated model of care.
- **Utilizing existing infrastructure and staff for after-hours services** can minimise additional costs and facilitate wider scale-up of male services. Further research is required to determine a cost-efficient approach.